Book of Fare Table and Distance Table by Railways

2523. SHRI JALALUDIN ANSARI: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that a book of fare table and distance table is being published by the Railways for the use of Railway Staff only and the same is not for sale to the general public;

(b) if so, whether there is any restriction for publishing the same by private publishers for sale to the general public; and

(c) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI SURESH KALMADI): (a) No, Sir. Passenger Fare Tables and Distance Tables are priced publications which can be purchased by the general public also.

(b) and (c) There is no such restriction as such but they are generally published by the railway administration.

औद्योगिक क्षेत्र को आर्थिक सुधारों के अनुकूल बनाने हेतु कदम

2524. **श्री जनार्दन यादव** : क्या उद्योग मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या औद्योगिक क्षेत्र में उदारीकरण के उपायों के प्रति अभी तक कोई उत्साहपूर्वक प्रतिक्रिया नहीं दिखाई है,

(ख) यदि हां तो इसके क्या कारण हैं, और

(ग) औद्योगिक क्षेत्र को आर्थिक सुधारों के प्रति अधिक अनुकूल बनाने के लिए क्या कदम उठाये गये हैं?

उद्योग मंत्रालय में राज्य मंत्री (डा0 सी0 सिल्वेरा) : (क) जी, नहीं। औद्योगिक क्षेत्र ने सरकार द्वारा किये गये उदारीकरण उपायों की ओर उत्साहपूर्वक प्रतिक्रिया दिखाई है।

(ख) प्रश्न नहीं उठता है।

(ग) नई औद्योगिक नीति के अन्तर्गत औद्योगिक क्षेत्र को निवेश और विकास के और अधिक अनुकूल बनाने के लिए अधिकतर उद्योगों को लाइसेंसमुक्त कर दिया गया है, प्रक्रियागत सुधार किये गये हैं और विभिन्न प्रतिबंधों को हटा दिया गया है।

Pcr-capita requirement of calorie

2525. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the food value/calorie requirement for a normal individual;

(b) what is the per capita calorie available to an ordinary citizen;

(c) whether it is a fact that due to lack of proper food during pregnancy, a large number of Indian infants are born rickety and blind; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) The calories requirement recommended for an average person is 2200K. Cal/day.

(b) The estimated availability is about 2400 K.Cal./day from all food products. On a study conducted by the National Institute of Nutrition for eight States the average intake of calories required between 1900 to 2200 calories per day.

(c) and (d) No Sir. Such conditions are very rare.

Reforms in CGHS Scheme

2526. SHRI INDER KUMAR GUJRAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state whether it is a fact that the Standing Committee on Health made some recommendations on reforms in the CGHS scheme; if so, what are the details thereof and what action Government have taken in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): Yes, Sir. A copy of the Summary of the recommendations and

suggestions made by the Committee is enclosed as statement. The same are being examined by the Government.

Statement

Summary of recommendations and suggestions

1. The Ministry of Health and Family Welfare should improve the work culture, upkeep and maintenance of CGHS dispensaries so as to win back the confidence of the beneficiaries. This could be possible only if CGHS could instil a sense of professional approach and inculcate the ethos of discipline, dedication and devotion in the minds of medical and para-medical staff. (Para-13)

2. Existing guidelines and arrangements to improve the working of the CGHS dispensaries need to be implemented meticulously and responsibility/ accountability for the degeneration of work culture should be fixed and stern action taken against the erring officials. The Ministry of Health & Family Welfare should launch a compaign for improving the work culture with a definite timebound programme. (Para-14)

3. The campaign should be spearheaded by earmarked senior officers drawn fr6m two or three hierarchical levels including the Director General, Health Services. There is a need for introducing periodical inspections at every level. (Para-15)

4. The powers and responsibilities of the Medical Officers in-charge of dispensaries should be clearly defined and they should be held responsible for the proper functioning of the units under their control. (Para-16)

5. The Ministry should look into the problems of drug supply, quality of medicines, their distribution arrangements, pilferage, lack of proper control over storage and lack of care in weeding out life expired medicines. The Ministry should examine and explore the possibility of allowing a beneficiary to purchase medicines from any chemist on the prescription given in the dispensaries which could be reimbursed subsequently. (Para-20)

6. The Ministry should devise a suitable foolproof working system, with clear accountability, patient safety and quality assurance with regard to procurement, supply and distribution of medicines. The system of supply of medicines needs to be streamlined and revamped to curtail delays and the medicines listed in the formulary should always be made available in the CGHS dispensaries. (Para-20)

7. Non-supply of standard medicines is leading to aversion towards CGHS among the beneficiaries. It appears that the quality testing machinery of CGHS is either non-functioning or totally ineffective. The Ministry should take immediate steps to force quality controls on medicines supplied to the CGHS dispensaries. (Para-23)

8. Medicines prescribed are, more often than not, substituted by less potent and cheaper medicines. There is a vast difference in the composition and quality of the substituted medicines. The Ministry should, therefore, work out a system wherein all dispensaries have sufficient stock of all formulary medicines and where the prescribed medicine is not available in the dispensary, the beneficiary should be allowed to purchase it from the local chemist. (Para-26)

9. Different formularies of medicines within the same scheme is resulting into a lot of confusion amongst the beneficiaries. The problem could be overcome by drawing one list of medicines duly approved by DGHS, after due consultation with the concerned specialist, which would be applicable to all Central Government hospitals and the CGHS. (Para-27)

10.. The DGHS should lay down a well thought out formulary, for different diseases, uniformly applicable to all establishments carrying generic and permitted brand name medicines without disturbing the physician's right and

freedom to prescribe in the best interest of the patient. (Para-28)

11. The functioning of the medical stores leaves much to be desired. There is no proper inventory of the medicines. Periodic weeding out of date-expired medicines is not strictly followed. There is no inspection of these stores. CMOs in-charge should ensure regular inventory of the medicines and weed out the date expired medicines at periodic intervals. Exemplary punishment must be given to the officials found responsible for these lapses. (Para-29)

12. A lot of pilferage of medicines is reported to be taking place in the dispensaries. A strict watch is required to be kept over the pilferage of medicines and exemplary punishment should be given to those found responsible. (Para-30)

13. Disposable syringes should be introduced in all dispensaries on an emergency basis. Till the disposable syringes are made available in the dispensaries, sterlisation of syringes needs to be strictly ensured under the regular supervision and monitoring of CMO. Necessary material/articles/equipments required for sterilisation of syringes must be made available in the dispensaries. (Para-31)

14. Non-functional dispensaries should be converted into functional dispensaries. Every dispensary should have a Resident Doctor and necessary para-medical staff, such as staff nurse, pharmacist, ward boy, etc. (Para-33)

15. There is an urgent need for the upkeep, maintenance and cleanliness of CGHS dispensaries. At present, these dispensaries are. in a very unhygienic condition and the Medical Officers, storekeepers/pharmacists, etc. pay scant attention towards this important aspect. The Ministry should issue strict instructions for the proper upkeep and maintenance of cleanliness in the dispensaries. The Ministry should also consider privatisation of sanitation works in dispensaries. (Para-39)

16. It has been observed that useless and unserviceable items are lying for years together occupying the scarce space in the dispensaries. These items should be condemned periodically, and disposed of expeditiously by streamlining the procedure. (Para-39)

17. Punctuality and discipline must be strictly observed by the staff and the doctors. They should be sensitised with the work culture they are expected to observe and maintain. They should be polite and courteous in their behaviour with the patients. Disciplinary action should be taken against doctors and staff accused of misbehaviour. (Para-42)

18. Periodic inter-zona) as well as intra-zonal transfer of staff may be effected. There could be a tenure of three years for rotational transfers. (Para-42)

19. There is a need for greater coordination between doctors para medical staff and the other administrative staff working in the dispensaries. This wil help to improve the work culture and provide better services. (Para-44)

20. There should be monthly inspection of dispensaries by the Additional Directors and the inspection reports should be reviewed at the higher level to take necessary remedial measures. (Para-45)

21. The Ministry should immediately introduce evening shift in all the dispensaries to enable the office goers to avail of the services after office hours. While the needs and difficulties of the staff working in these dispensaries should be taken into account, the paramount consideration must be the ultimate satisfaction of the patients/beneficiaries. (Para-46)

22. The system of night shift of dispensaries for emergency treatments, etc. needs to be reviewed keeping in view the medical needs of the beneficiaries. (Para-47)

23. The Ministry should take initiative to open new dispensaries, particularly in the new colonies, keeping in view the difficulties faced by the beneficiaries. The Ministry may take up the matter with the Ministry of Finance and convince them of the necessity of opening new dispensaries. The Ministry of Finance should adopt a more cooperative attitude in this regard. (Para-50)

24. Emergency services should be adequately strengthened in all the dispensaries, especially with regard to the availably of ambulance. Simultaneously the laboratory facilities also need to be strengthened so that the beneficiaries are not put to any serious inconvenience. (Para-51 & 52)

25. The present arrangement of specialist services is not sufficient to meet the requirement of the beneficiaries. The Government should consider strengthening the specialist services so as to ensure better patient care and satisfaction. (Para-55)

26. The scheme of poly-clinics is not functioning effectively to the satisfaction of beneficiaries. The existing infrastructure of poly-clinics needs to be strengthened. The poly-clinics should have adequate number of specialists and other staff. The Government should work out a well designed policy of rotation/transfer of the specialists. (Para-59)

27. The Government should recognise more hospitals in corporate and private sectors for the CGHS beneficiaries. The charges could be fixed for different kinds of treatment so that beneficiaries are free to take treatment in any hospital and claim reimbursement. There could be a system of some revolving fund with these recognised hospitals so that any beneficiary could get the treatment there and the charges could be adjusted later. (Para-63)

28. In order to supplement the CGHS facilities with private hospital services, the CGHS Should evaluate such facilities, recognke there hospitals and lay down reasonable rates of payments, on a uniform basis. There could also be arrangements for a separate CGHS wing, on an earmarked basis, reserving beds in the hospital general wards for CGHS patients. (Para-81)

29. Some private hospitals are given exemption in customs duty for the import of hospital equipments and are also pro vided land, institutional finance, etc. on concessional rates. The Government should ensure that these hospitals in turn reciprocate by providing free concessional treatment and beds to the poor beneficiaries. (Para-84)

30. The reimbursement of money spent on purchasing medicines takes unduly long time. The procedure for reimbursement should be simplified so as to avoid delays. The Ministry and the CGHS should review the existing system and fix time limits for reimbursing the cost by streamlining the procedure. (Para-66)

31. The Ministry should take immediate steps to improve staff morale and efficiency. The staff strength available in the dispensaries is less than the sanctioned strength. The shortage of staff has to be made good keeping in view the necessity of the patients/beneficiaries. Though there was an increase in the number of doctors, there is no proportionate increase in the para-medical staff. All vacant posts should be filled up. CGHS should keep a pool of leave reserve doctors and para-medical staff and for this, additional posts may have to be created. There should periodic review of work load and norms so that physicians are not burdened with overcrowding of patients. Possibility of employing doctors on contract basis may also be considered. The Ministry of Finance may be approached for sanction of additional posts as per the justified strength. (Para-88)

32. A quota may be prescribed for promotion of Group 'C and 'D' employ ees depending upon the length of service and acquisition of required qualification. (Para-89)

33. Private practice by Government Doctors employed in CGHS dispensaries and clinics should be stopped and strin gent action taken against those violating the rules. (Para-90)

34. CGHS Doctors must be given adequate opportunity to keep themselves abreast of the new advancements by providing opportunities to participate in national and international seminars, workshops and training programmes. The promotional avenues of the Doctors may be linked with the training programmes/ refresher courses attended by them. (Para-91)

35. The Ministry should ensure that complaint boxes are available and conspicuously displayed at prominent places in the dispensaries. Prompt action should be taken on each and every complaint. (Para-92)

36. The Government may consider providing some facilities such as telephones, etc. to the Area Welfare Officers, besides some monetary incentives. The Area Welfare Officers' suggestions should be given due weightage keeping in view the beneficiaries grievance. (Para-95)

37. Government may also consider appointing CGHS Beneficiaries Welfare Committees for each dispensary, involving the Chief Medical Officer, the Area Welfare Officer and representatives of the Resident Welfare Associations. (Para-95)

38. The Ministry should give due consideration to the problems of senior citizens and try to take a sympathetic view of the problems faced by them. Necessary instructions be issued for according priority in treatment to senior citizens. The Government should try to identify areas where there is comparatively large concentration of retired Central Government employees and provide them CGHS coverage. The possibility of allowing pensioners to seek treatment in local recognised hospitals and get reimbursement thereafter may also be explored. A complete study of the CGHS related issue and the problems faced by pensioners may be undertaken and plan of action drawn up. (Paras-102 & 103)

39. The Government may examine/ explore alternatives for replacing CGHS with Health Insurance Cover, initially starting with senior citizens and later on extending it to serving employees as well. Expert opinion may be obtained to see how far innovative measures, such as 'Medisave' scheme of Singapore, can help introduce suitable insurance cover to salaried employees, A working group to prepare the details of this scheme could be set up. [Para-104 (a)]

40. The Government may also examine whether the on-going CGHS could be converted from purely departmental ac tivity in to a more manageable quasi-Governmental set-up managed by trust or trusts, A modified CGHS system, oper ated on a decentralized basis outside Government control, would be able to make CGHS more responsive to patient needs in its work arrangements. The CGHS could, thus, be converted from a departmental undertaking into three or four trusts covering beneficiaries in diffe rent parts of the country [Para- 104 (b)]

World Bank assistance for Health Care in Rural and Tribal Areas

2527. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any financial assistance is being provided by the V/orld Bank for Health Care in the rural and tribal areas; and

(b) if so, the amount provided during the last three years, year-wise and State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) and (b) The information is being collected and will be laid on the Table of the House.